

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request:	09/08/08	2 Serial/Patent #	09/767,496	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$ 2230 <i>(amw)</i>
<input checked="" type="checkbox"/>	Extension of Time	14	03/04/08	\$ 2000.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$ 1130 <i>(amw)</i>
		7 TOTAL AMOUNT OF REFUND	\$ 2000.00	
8 TO BE REFUNDED BY:				
<input type="checkbox"/>	Treasury Check			
<input checked="" type="checkbox"/>	Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	9 0 8 -- 3 0 3 8			
10 REASON:				
<input type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
<input checked="" type="checkbox"/>	X No Fee Due (Explanation):			
EXTENSION OF TIME FILED WITH PETITION TO REVIVE APPLICATION				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		April M. Wise		TITLE: Petitions Examiner
SIGNATURE:		/APRIL M. WISE/		PHONE: 571-272-1642
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <i>CKW</i>		DATE: 9/15/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B